

<b>Case Number:</b>	CM14-0198645		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/29/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male who suffered an industrial related injury on 7/29/11. The treating physician's report dated 5/7/14 noted the injured worker had complaints of neck, low back and leg pain. The injured worker was taking Ultram and Tramadol. The injured worker was working full time. A computed tomography scan of the thoracic spine was noted to have showed minimal compression deformities of the superior endplates of T3 and T4 which was noted to be chronic. An x-ray of the cervical spine revealed intervertebral disc space is present at C5-6 and C6-7 anterior spinal fusion hardware at C5-7. A physician's report dated 10/1/14 noted diagnoses of cervical spondylosis, muscle spasm, lumbosacral sprain/strain, and lumbosacral spondylosis without myelopathy. On 10/30/14 the utilization review (UR) physician modified the request for cognitive behavioral therapy 2 times per week for 8 weeks. The UR physician noted the Medical Treatment Utilization Schedule guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement a total of up to 6-10 visits of 5-6 weeks can be tried. The injured worker has a history of depression therefore the request is medically necessary but modification was recommended for a trial of therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cognitive behavioral therapy 2 x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intentions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT and Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Behavioral Interventions Page(s): 101-102 & 23.

**Decision rationale:** The CA MTUS guidelines suggest that when psychological services are considered, step 2 is to "Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Once a thorough evaluation has been completed, the CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks". Based on the review of the medical records, it does not appear that a psychological evaluation has been completed that not only would offer more specific psychological diagnostic information, but also offer appropriate treatment recommendations. Additionally, the request for 16 psychotherapy sessions exceeds the recommended number of 3-4 initial psychotherapy sessions set forth by the CA MTUS. As a result, the request is not medically necessary.